



**APPLICATION FOR SPECIAL PURPOSE
EDUCATIONAL PERMIT**

State Form 51815 (R / 7-08)

DEPARTMENT OF NATURAL RESOURCES

Division of Fish and Wildlife
Attn: Permit Coordinator
402 W. Washington St., Rm. W273
Indianapolis, IN 46204-2781
Telephone: (317) 233-6527
Fax Number: (317) 232-8150

INSTRUCTIONS:

1. Please print or type information.
2. Attach additional sheets for explanation if necessary.
3. All sections must be complete before submitting.

Please check one: ☐ New Applicant ☐ Renewal (Annual Report Required)

Name of Applicant _____ Date _____
Last Name First Name Middle Initial

Date of Birth _____ Applicant's Driver's License Number _____

Street Address _____ Telephone Number (_____) _____

City _____ State _____ ZIP Code _____ County _____

E-Mail Address _____

Educational Institution/Organization Information

Name of Educational Institution or Organization _____

Applicant's Position with Institution/Organization _____

Describe the type of Institution/Organization _____

Business Address (if different from above) _____

Business Telephone Number (_____) _____

1. Please list the species of wild animal(s) that will be used for educational purposes:

MAMMALS: ☐ Yes ☐ No If yes, please list: _____

REPTILES: ☐ Yes ☐ No If yes, please list: _____

BIRDS*: ☐ Yes ☐ No If yes, please list: _____

*For birds, please provide your federal permit number or name of person on whose permit you are listed as a subpermittee: _____

2. Please describe how the animal was obtained (rehabilitation, purchase, etc.) and attach documentation (new applications or animals only). _____

3. If the animals were obtained under a rehabilitation permit, are they permanently injured and non-releasable?

☐ Yes ☐ No If no, please explain: _____

4. What is the purpose of your educational program? _____

5. Please list the names and addresses of individuals (*if any*) who will be assisting you:
- 1) Name _____ Telephone Number _____
Address (*City, State, ZIP Code*) _____
- 2) Name _____ Telephone Number _____
Address (*City, State, ZIP Code*) _____
- 3) Name _____ Telephone Number _____
Address (*City, State, ZIP Code*) _____
6. Please list the names of schools or other organizations to whom educational programs will be given: _____

7. Please attach an outline of the educational program, including as much detail as possible.

NOTE: If additional space is needed, list information on another sheet.

AGREEMENT

I have read and understand the regulations and agree to use the animals listed hereon for educational purposes in accordance with the regulations. Under the penalties of perjury (IC 35-44-2-1), I certify that the information supplied by me is true and correct to the best of my knowledge.

Signature of Applicant _____ **Date** _____

FOR OFFICE USE ONLY

Approved by _____ Date Approved _____

Comments _____